

REPORTABLE USE OF FORCE INCIDENT DATA

SECTION A - INCIDENT IDENTIFICATION INFORMATION

Incident Number: (b) (7)(E)	Incident Title: (b) (7)(E) deployment in response to rocking incidents	Orig. SIR No.: (b) (7)(E)	Event No.:
Office: Office of Border Patrol	Owning Organization: Tucson Sector/Nogales Station	Reporting Official: (b) (6), (b) (7)(C)	Telephone Number: (b) (6), (b) (7)(C)
Type of Incident: <input checked="" type="checkbox"/> Firearm <input checked="" type="checkbox"/> Intermediate Device <input type="checkbox"/> Other		Local Time / Day / Date of Incident: 04:13 Sunday 5/1/2011	
Number of Subjects: 4	Number of Involved CBP Officers/Agents: 2	Other Offices / Agencies Involved:	

SECTION B - INCIDENT LOCATION INFORMATION

Address:		City: Nogales	State: AZ	County: Santa Cruz
ZIP Code: 85621	Country: US	Longitude: (b) (7)(E)	Latitude: (b) (7)(E)	
Character of Premises: Urban, Moderately Populated, Residential, Outdoors				
Illumination:				
If Natural Illumination: Night		If Artificial Illumination: Street Lights, Vehicle Headlights, Good lighting, Subject silhouetted		
Environmental Conditions: Dry, Calm, Desert				Estimated Ambient Temperature (°F): 45
Additional Comments (relevant to the incident information page): None				

SECTION C - INVOLVED OFFICER / AGENT INFORMATION

Name: (b) (6), (b) (7)(C)	Title: BORDER PATROL AGENT	Service EOD: (b) (6), (b) (7)(C)	Duty Location EOD: (b) (6), (b) (7)(C)
Duty Location: Tucson Sector/Nogales Station			
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hand Usage: <input checked="" type="checkbox"/> Right-Handed <input type="checkbox"/> Left-Handed	Height: (b) (6), (b) (7)(C)	Weight: (b) (6), (b) (7)(C)
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty	Attire: <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain Clothes	Total YEARS Law Enforcement Experience: Federal: 4 State: 0 Local: 0	Wearing Body Armor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Operational Activity: Linewatch			

SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION

Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Any Involved Officer/Agent Injuries or Other Needed Information: None
Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E - WEAPONS USED BY OFFICER / AGENT

Firearm Information:			
Ownership: <input checked="" type="checkbox"/> CBP <input type="checkbox"/> Personal	Last Qualification Date: 02/28/2011		Qualification Score: 247
Serial Number: (b) (6), (b) (7)(C)	Manufacturer: (b) (7)(E)	Model Name/Number: (b) (7)(E)	Caliber: (b) (7)(E)
Type: Rifle	Round Type (if Shotgun): Other		Rounds Fired: 6
Firearm Shooting Information:			
Posture: Kneeling		Posture Orientation: Facing Squarely	
Cover Usage: Cover Used		Weapon Grip: Two-handed	
Target Elevation: At/Above Eye Level		Aiming Method: Sight Aim	
Firing Mode: Semi-automatic		Estimated Distance (Express in Yards): Minimum: 15 Maximum: 20	
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged			
Comments Concerning Collateral Damage:			

SECTION E (Continuation) - WEAPONS USED BY OFFICER / AGENT

Intermediate Device Information:		
Device:		Device Type:
Description:		
Intermediate Device Deployment Information:		
Posture:		Posture Orientation:
Cover Usage:		Weapon Grip:
Target Elevation:		Aiming Method:
Firing Mode:		Estimated Distance (<i>Express in Yards</i>): Minimum: 0 Maximum: 0
Did Collateral Contamination Occur?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Time Needed for Decontamination (<i>Express in Minutes</i>): <input type="checkbox"/> 0-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 20
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged		
Comments Concerning Collateral Damage:		

Other Force Information:		
Device Type:		Description:
Comments:		
Other Force Deployment Information:		
Posture:		Posture Orientation:
Cover Usage:		Estimated Distance (<i>Express in Yards</i>): Minimum: 0 Maximum: 0
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged		
Comments Concerning Collateral Damage:		

SECTION F - INVOLVED OFFICER / AGENT SHOOTING INFORMATION*(Data Merged with Section E Above by Weapon)***SECTION G - INVOLVED OFFICER / AGENT TRAINING INFORMATION**

What Training (<i>in addition to Basic Academy</i>) Assisted the Involved Officer/Agent:
Training Recommendations:

SECTION H - SUBJECT INFORMATION

Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	Reason (Animal): <input type="checkbox"/> Defense <input type="checkbox"/> Euthanize	Description of Animal:	
Name (Last, First, Middle): unknown, ,		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
DOB or Age: Unknown	Height: Unknown	Weight: Unknown	Wearing Body Armor: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Attire: <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None		<input type="checkbox"/> Deceased	

SECTION I - SUBJECT FIREARM (AND MISC. WEAPONS) INFORMATION

Firearm Information: <input type="checkbox"/> Unknown				
Type: Rocks		Round Type (if Shotgun): <input type="checkbox"/> Shot <input type="checkbox"/> Slug <input type="checkbox"/> Other:		
Caliber:	Serial Number:	Manufacturer:	Model Name/Number:	Rounds Fired:
Add Firearms (Use Supplemental Sheet for Additional Suspect Firearms): <input checked="" type="checkbox"/> None <input type="checkbox"/> See Supplemental				
Subject Other Weapon Information (NOT Firearm): Rocks				

SECTION I-A - FORCE / WEAPON(S) USED ON SUBJECT

Weapon: (b) (7)(E)	Officer/Agent: (b) (6), (b) (7)(C)
Subject: unknown, ,	
Effective at Stopping Immediate Threat: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Comments: Subjects continued to throw rocks.	
Did Weapon or Device Function Properly / Perform As Expected?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

ADDITIONAL COMMENTS

Officer/Agent Comments:

None

Subject Comments:

None

SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and/or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and/or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)	(b) (7)(E)	(b) (6), (b) (7)(C)

SECTION C - INVOLVED OFFICER / AGENT INFORMATION - (b) (6), (b) (7)(C)

Name: (b) (6), (b) (7)(C)	Title: BORDER PATROL AGENT	Service EOD: (b) (6), (b) (7)(C)	Duty Location EOD:
Duty Location: Tucson Sector/Nogales Station			
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Hand Usage: <input checked="" type="checkbox"/> Right-Handed <input type="checkbox"/> Left-Handed	Height: (b) (6), (b) (7)(C)	Weight: (b) (6), (b) (7)(C)
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty		Total YEARS Law Enforcement Experience: Federal: 4 State: 0 Local: 0	
Attire: <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain Clothes		Wearing Body Armor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Operational Activity: Linewatch			

SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION - (b) (6), (b) (7)(C)

Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Any Involved Officer/Agent Injuries or Other Needed Information: none
Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No

SUPPLEMENTAL

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SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)	(b) (7)(E)	(b) (6), (b) (7)(C)

SECTION E (Continuation) - WEAPONS USED BY OFFICER / AGENT - DEPLONTY, YVETTE C.

Intermediate Device Information:	
Device: (b) (7)(E)	Device Type: (b) (7)(E)
Description:	
Intermediate Device Deployment Information:	
Posture: Standing	Posture Orientation: Facing Squarely
Cover Usage: Cover Used	Weapon Grip:
Target Elevation: At/Above Eye Level	Aiming Method: Sight Aim
Firing Mode:	Estimated Distance (Express in Yards): Minimum: 15 Maximum: 20
Did Collateral Contamination Occur?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Time Needed for Decontamination (Express in Minutes): <input type="checkbox"/> 0-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 20
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged	
Comments Concerning Collateral Damage:	

SECTION H - SUBJECT INFORMATION - UNKNOWN, UNKNOWN

Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	Reason (Animal): <input type="checkbox"/> Defense <input type="checkbox"/> Euthanize	Description of Animal:	
Name (Last, First, Middle): UNKNOWN, UNKNOWN		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
DOB or Age: Unknown	Height: Unknown	Weight: Unknown	Wearing Body Armor: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Attire: <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None		<input type="checkbox"/> Deceased	

SUPPLEMENTAL

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(b) (7)(E)	(b) (7)(E)	(b) (6), (b) (7)(C)

SECTION H - SUBJECT INFORMATION - UNKNOWN, UNKNOWN

Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	Reason (Animal): <input type="checkbox"/> Defense <input type="checkbox"/> Euthanize	Description of Animal:	
Name (Last, First, Middle): UNKNOWN, UNKNOWN		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
DOB or Age: Unknown	Height: Unknown	Weight: Unknown	Wearing Body Armor: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Attire: <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None		<input type="checkbox"/> Deceased	

SECTION H - SUBJECT INFORMATION - unknown

Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	Reason (Animal): <input type="checkbox"/> Defense <input type="checkbox"/> Euthanize	Description of Animal:	
Name (Last, First, Middle): unknown		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
DOB or Age: Unknown	Height: Unknown	Weight: Unknown	Wearing Body Armor: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Attire: <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None		<input type="checkbox"/> Deceased	

SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - unknown, ,

Weapon: (b) (7)(E)	Officer/Agent: (b) (6), (b) (7)(C)
Subject: unknown, ,	
Effective at Stopping Immediate Threat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and/or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and/or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

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(b) (7)(E)	(b) (7)(E)	(b) (6), (b) (7)(C)

SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - UNKNOWN, UNKNOWN

Weapon: (b) (7)(E)	Officer/Agent: (b) (6), (b) (7)(C)
Subject: UNKNOWN, UNKNOWN	
Effective at Stopping Immediate Threat: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Comments: Subjects continued to throw rocks.	
Did Weapon or Device Function Properly / Perform As Expected?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - UNKNOWN, UNKNOWN

Weapon: (b) (7)(E)	Officer/Agent: (b) (6), (b) (7)(C)
Subject: UNKNOWN, UNKNOWN	
Effective at Stopping Immediate Threat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - UNKNOWN, UNKNOWN

Weapon: (b) (7)(E)	Officer/Agent: (b) (6), (b) (7)(C)
Subject: UNKNOWN, UNKNOWN	
Effective at Stopping Immediate Threat: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Comments: Subjects continued to throw rocks.	
Did Weapon or Device Function Properly / Perform As Expected?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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(b) (7)(E)	(b) (7)(E)	(b) (6), (b) (7)(C)

SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - UNKNOWN, UNKNOWN

Weapon: (b) (7)(E)	Officer/Agent: (b) (6), (b) (7)(C)
Subject: UNKNOWN, UNKNOWN	
Effective at Stopping Immediate Threat:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - unknown

Weapon: (b) (7)(E)	Officer/Agent: (b) (6), (b) (7)(C)
Subject: unknown	
Effective at Stopping Immediate Threat:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Comments: rocking did not stop	
Did Weapon or Device Function Properly / Perform As Expected?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - unknown

Weapon: (b) (7)(E)	Officer/Agent: (b) (6), (b) (7)(C)
Subject: unknown	
Effective at Stopping Immediate Threat:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown